### STATE OF NEW HAMPSHIRE

### 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

# (RSA Chapter PLEASE PRINT

I. Name of Lobbyist(s) George W. Roussos and Lindsay E. Nadeau

RECEIVED

JUL 25 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

II. Nar	ne of lobbyist's partners	hip, firm or co	rporation, if ar	ıy:	<del>_</del>
Orr	& Reno, P.A.	,			
	(Name of partne	rship, firm or cor	poration)		
45 \$	. Main Street, P.O. B	ov 3550	Concord	NH	03302
	s Address: (Street)	07 3330	(Town/City)	(State)	(Zip Code)
	224 2221		224 2242		
(603)	224-2381 (Telephone)	(603)	224-2318 (Fax)	e-mail <u>Inadeau@</u>	orr-reno.com
	•		,		
				ts for each client, OR you may	file a separate report for
report	able expense transaction	is which are no	t attributable t	o any one chenty.	
X All	reportable transactions of	ccurring in the r	nonths prior to t	he reporting date relative to the	following client:
	•	J	•	. •	-
	Cigna (F. 11.5)	r cu:	1 1.0	bbyist Registration Form)	<del></del>
<u>OR</u>	(Full Nan	ne of Client as it a	appears on the Lo	obyist Registration Form)	
	renartable transactions by	the lobbuist (in	scluding the lab	byist's family), or the lobbying f	irm listed below which are
	ed to any particular client	- '	icidanig inc 1001	byist's failingy, of the lobbying t	min fisted below which are
		5, 2018 🗌		July 25, 2018 🛭	
Reports	* *	te of registration	to 3/31/18	activity from 4/1/18 to 6/30/18	
		r 31, 2018 🛚		January 30, 2019 🗌	
	activity fro	m 7/1/18 to 9/30/	718	activity from 10/1/18 to 12/31/18	8
If this b				transactions made since the e Secretary of State's Office, Sta	
VI. Ch	eck if additional reports	are attached:			
	<del>-</del>		ıres, you must fi	le Addendum A- Fees and Exp	enses
•	you have paid an honorari e Reimbursement	um or reimburs	ed expenses, yo	u must file Addendum B- Repo	ort of Honorariums or
	you, your firm, or your fa	mily has made p	political contribu	ntions, you must file Addendum	C- Political Contributions
I have	Statement/Affirmation read RSA 15, RSA 15-B, nplete to the best of my k	RSA 14-C and		ereby swear or affirm that the for	regoing information is true
	Why Much			07/25/18	
Kigha	ture of lobbyist)	·	<del></del>	<u> </u>	<del></del>
V2.4.				(~)	
	say E. Nadeau				
(Print	Name of lobbyist)				

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# P L E A S E P R I N T



# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:		
Orr & Reno, P.A. (Name of partnership, firm or corporation)		
(Name of partnership, firm or corporation)		
III. Name of Client <u>Cigna</u>	Date <u>07/25/18</u>	
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The greduced by any expenses:	t relations, or p	ublic relations servi
a) Total of all fees received in this reporting period	a) \$	15,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y		14,900.00
c) Total of all fees received to date (Add lines a and b)	c) \$	29,900.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	0.00
V. Expenses:  Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) th during the reporting period for salaries, benefits, support staff, and office e individual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbic (c) an itemized statement of each individual expenditure made during this repany purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if extends the aggregate total expenses; (b) the le: meals purchess than \$10 that ed with a value orting period of ue of greater ther than \$25, but, expense reim	penditures are made or the lobbyist(s)/fir al of all expenses pe e aggregate total of lassed during a busing t is given to the pers of \$25.00 or less); a greater than \$25.00 han \$25, purchase of t not greater than \$ bursement, or politi
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	0.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00

d) Total expenses for this reporting period	d) \$	0.00_
(Add lines a, b and c)		
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	100.00
f) Total of all expenses year to date	f) \$	100.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.	obbying fees dur	ing this reporting
Paid to:	Amount:	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
		***************************************
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affin	m that the foreg	oing information
is true and complete to the best of my knowledge and belief.		
Madeen	07/25/18	
(Signature offlobbyist)	(Date	
Lindsay E. Nadeau		
(Print Name of lobbyist)		

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## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist

(Print Name of lobbyist)

Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Orr & Reno, P.A.

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Cigna

Date of Report (check one):

April 25, 2018 □ July 25, 2018 ☒ October 31, 2018 □ January 30, 2019 □

I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

□ Addendum A(s).

Addendum B(s).

Addendum C(s).

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.

07/25/18
(Date)